GENERAL TESTIMONY		
[] IV- [] []	D Non Public Assistance D Non PA Medicaid Full Services Medical Services Only D Public Assistance	
Į į	E Foster Care (IV-D Case)	File Stamp
Responding IV-D Case No.	Initiating IV-D Case No.	
Responding Docket No.	Initiating Docket No	
Petitioner is: [] Obligee [] Caretaker [] Obligor [] Foster Care	Other than Parent e	
Respondent is: [] Obligee [] Car	retaker Other than Parent e	
	_being duly sworn, under pena	alties of perjury, testifies as follows
Name (First, Middle, Last)		
I. Personal Information About	Child(ren)'s Mothe	er [] See Section X
A.1. Mother is: [] Obligee [] Obligar	2. [] Nondisclosure Find	ing Attached
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [] Confirmed (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone	8. Work Phone
9. Employer Name & Address [] Confirmed(date)	10(a). Occupation, Trade o	or Profession
	10(b). Highest Level Of Ed	ucation Attained
11. Estimated Gross Monthly Earnings	12. Other Monthly Income	(& source)
13. Real or Personal Property (type & location)		
	<u> </u>	
B. Physical Description of Child(ren)'s Mother (Optional	al: Attach photo if available.)	
1. Race 2. Height 3. Weight		5. Eye Color
C. Present Marital Status of Child(ren)'s Mother		
1. [] Married 2. [] Single	3. Living with Non-Ma	rital Partner
4. Divorced 5. Legally Separated	6. [] Separated 7. [] Unknown

OMB No. 0970 - 0085

General Testimony

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D. Information about Current Spouse or Partner of C	hild(ren)'s	Mother		
1. Name of New Spouse or Non-Marital Partner (Firs	t, Mid, Last)	1	Spouse/Par	tner Employed? [] Unknown
3. Name and Address of Spouse's/Partner's Employ	er .	4. Spouse's/ Monthly E \$		timated Gross
E. Is the child(ren)'s mother responsible for depende			d in Section	V (pages 4 & 5)?
1. a. Full Name (First, Mid, Last)			b. Date of	Birth
c. Relationship		d. Living With:		
e. Source of Support/Income		f. Monthly Amo	ount; Gross:	Net:
2. a. Full Name (First, Mid, Last)			b. Date of	Birth
c. Relationship		d. Living With:		,
e. Source of Support/Income		f. Monthly Amo	ount; Gross:	Net:
3. a. Full Name (First, Mid, Last)	* •		b. Date of	Birth
c. Relationship		d. Living With:		
e. Source of Support/Income		f. Monthly Amo	ount; Gross:	Net:
II. Personal Information About A.1. Father is: [] Obligee [] Obligor	Т,	(ren)'s Fat] See Section X
3. Full Name (First, Mid, Last; include nickname, alias)	12.1			
4. Home Address [] Confirmed(date)	5. Social	Security Numb	per 6. Date	e of Birth
	7. Home	Phone '	8. Woi	k Phone
9. Employer Name & Address [] Confirmed(date)	10(a). O	ccupation, Trac	le or Profess	ion
	10(b). Hi	ighest Level Of	Education A	attained
11. Estimated Gross Monthly Earnings \$	12. Othe	er Monthly Inco	me (& sourc	e)
13. Real or Personal Property (type & location)				
B. Physical Description of Child(ren)'s Father (Option	nal: Attach	photo if availat	ole.)	
1. Race 2. Height 3. Weig	ht	4. Hair Cold	or	5. Eye Color

C. Pre	esent Marital Stat	tus of Child(ren)'s Fat	her		<u>-</u>				 _
1. [] Married	2. [] Single		з. []	Living with Nor	n-Mai	rital Partner		
4. [] Divorced	5. [] Legally Sepa	arated	6. []	Separated	7. [] Unknown		
D. Inf	formation about 0	Current Spouse or Par	tner of Ch	ild(ren)'s	Father				
		use or Non-Marital Pa		···		Spo	use/Partner Emplo	yed	?
					[] Yes	s [] No []	Un	known
3. N	ame and Address	of Spouse's/Partner'	s Employe	ır	4. Spouse's/ Monthly E		ner's Estimated Gr gs	oss	
E. Is	the child(ren)'s f	ather responsible for				l in S	ection V (pages 4	. & 5	5)?
1.	a. Full Name (Fir	st, Mid, Last)				b. I	Date of Birth		
	c. Relationship				d. Living With:	_			
	e. Source of Su	pport/Income			f. Monthly Ame	ount;	Gross:	Net:	
2.	a. Full Name (Fir	st, Mid, Last)	:			b.	Date of Birth		
	c. Relationship				d. Living With:				:
ĺ	e. Source of Su	pport/Income			f. Monthly Am	ount;	Gross:	Net:	·····
	· · ·					<u>. </u>	•	-	
3.	a. Full Name (Fir	st, Mid, Lest)				b.	Date of Birth		
	c. Relationship				d. Living With:		" <u>.</u>		
	e. Source of Su	pport/Income	!	f. Monthly Amount; Gross: Net:					
111.	Personal Ir	nformation Abo	out Cai	retaker	Other tha	an F	Parent []	See	Section X
1. C	aretaker's Relatio	n to Child is:		2, []	Nondisclosure f	indir	ig Attached		
3. F	ull Name (First, Mid	l, Lest; înclude nickname, e	elias)						
4. H	ome Address [Confirmed(date)	5. Socia	Security Num	ber	6. Date of Birth		7. Sex
			;	8. Home	Phone		9. Work Phone		
10.	Employer Name &	Address [] Confirmed_	(date)	11(a). O	ccupation, Tra	de or	Profession		
			· ·	11(ь). Н	ighest Level Of	f Edu	cation Attained		
12.	Estimated Gross \$	Monthly Earnings	:	13. Oth	er Monthly Inco	ome (& source)		
14.	Date Child(ren) B	egan Residing With C	aretaker						

	IV. L	.egal Relati	ionship o	f Parer	nts	[] See	Section X
1 F] Never married to eac	ch other 2	l Married on			iı	1
1. 1	j Never married to eac	in other 2. [, Married Cir_		Date	·	County/State
3: [] Married by common	law for the perio	od	<u> </u>		_in	County/State
							in County/State
4. [] Separated on)ate	5. [] DIVE	orcea on _	<u></u>	Date	County/State
6. [] Legally separated on	Date	in	County/Sta	ate		_
7. [] Divorce pending in_					ort Order	Entered on
] No support order						
э. <u>Г</u>	J No support order	10. [] Other				
	-	pendent Ch	nild(ren) ii	n this i] See Section X
	st obligor's (named on p		orm) chila(ren)	οπιγ.	<u>.</u>	Lj	Nondisclosure Finding Attached
1.	a. Full Name (First, Mid,	Last)				<u> </u>	f. Paternity Established?
	b. Address				•		[] Yes [] No
	-						g. Support Order Established? [] Yes [] No
	c. Social Security Num	nber					h. Living with Petitioner?
	d. Sex	e. Date of Birtl	h				[] les [] NO
2.	a. Full Name (First, Mid,	Lasti	<u></u>				f. Paternity Established?
	b. Address						[] Yes [] No
			·			_	g. Support Order Established? [] Yes [] No
	c. Social Security Num	nber	·		•		h. Living with Petitioner?
	d. Sex	e. Date of Birt	h 	•			į jies į jivo
3.	a. Full Name (First, Mid,	Last)					f. Paternity Established?
	b. Address		i	•		-	[] Yes [] No
							g. Support Order Established? [] Yes [] No
	c. Social Security Nun	nber	ı				h. Living with Petitioner?
	d. Sex	e. Date of Birt	ħ	•			[] Yes [] No

General Testimony

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4.	a. Full Name (First	, Mid, Lest)		f. Paternity Established?
	b. Address			[] Yes [] No
				g. Support Order Established? [] Yes [] No
	c. Social Security	Number		h. Living with Petitioner?
	d. Sex	e. Date of E	Birth	[] Yes [] No
8. T	he child(ren) began	residing in	State	on Month/Year
		VI. Med	dical Insuranc	e [] See Section X
1. Is	obligor required by	a child support or	der to provide medi	cal insurance for the child(ren)? [] Yes [] No
2. Is	obligor required by	a child support o	rder to provide med	lical insurance for the obligee? [] Yes [] No
				n V and/or the obligee is provided by:
J. 11	redical coverage for	For dependent	ony notos in cootio	t dilator tillo daligad ta provided by:
		child(ren)	For obligee	Obligee's Insurance Company:
0	bligee	l J	[]	
0	bligor	[]	[]	Policy Number:
·S	tate Medicaid	[]	[]	Obligor's Insurance Company:
0	bligee's Employer	[]	[]	obligor o modrando dompany.
0	bligor's Employer	[-]	[]	Policy Number:
0	ther	[]	[]	
U	nknown	[]	[]	Other Insurance Company:
N	o Coverage	[]	[]	Policy Number:
4. TI	he monthly cost paid	by the obligee for	medical insurance f	or the obligor's child(ren) only is: \$
()	f medical insurance	is provided by th	e obligee or obligee	's employer, skip to number 6).
5. O	bligee can purchase	e needed medical	insurance at a mont	thly cost of: \$
	Vere the children even mployer?	er covered by me	dical insurance prov	rided by the obligor/obligee, or his/her current es [] No [] Unknown
7. D	o any of the obligor	's children have :		raordinary medical expenses not covered by insurance?
	f "Yes", please indicated costs. Attach		[] Y plyed and the type o	es [] No of special needs/extraordinary medical expenses and the

VII.	Support Order	and Payı	ment Inf	ormation	[]s	ee Section X
1. Does a support of	order exist? (If "No", s	kip to page 7	'.)	[] Yes	[]	No .
	side with the obligor at tion specified by a tribu					tify Period of Residency:
[] The [] The	is being requested, ind e earnings of the obligo e earnings of the oblige e needs of a party or of ner, Explain	r have subst e have subst the child(rer	antially incre antially incre	quest below: ased or decreas eased or decreas	sed.	Thru: ecreased.
	ent support orders (incl ch complete description			nd modifications	s). NOT	E: if more than three (3)
Date of Order	Current Amount \$	Per Month/	Week/etc.	Toward Arrear	s .	Per Month/Week/etc.
Unpaid Interest \$	as of	(date)	Total Arrea	rs \$	as o	f (date)
Tribunal's Name &	Address		<u> </u>			
Date of Order	Current Amount \$	Per Month/	Week/etc.	Toward Arrear	's	Per Month/Week/etc.
Unpaid Interest \$	as of	(date)	Total Arrea	rs \$	as o	f (date)
Tribunal's Name &	Address				- · · · ·	
Date of Order	Current Amount \$	Per Month/	Week/etc.	Toward Arrear	s	Per Month/Week/etc.
Unpaid Interést \$	as of	(date)	Total Arrea	rs \$	as o	f (date)
Tribunal's Name &	Address	:				
5. Unpaid Medical C (attach documen	Cost Reimbursement tation)	\$		as of		Date
6. Other Unpaid Con Explain:	sts and Fees	\$		as of		Date
explain:						
7. Direct Payments	to Obligee: [] Affi	davit from Ol	oligee Attach	ned []	No Dire	ct Payments Received
8. Obligor's support	payment history:					
	tribunal/agency payment attached. (Skip to page 7).	Payment his	story provided (on paga 6a. []		conding State does not require. (Skip to page 7).
From (Year) to (Year)	ar): Agency V	/hich Prepare	d Audit/Pay	ment History:		
		•				

General Testimony

GENERAL TESTIMONY, PAGE 6a

Initiating IV-D Case No.

			····	as ui	
Year:			ors \$Ye	ear:	
Amount Due	Amount Paid	Balance	Amount Due	Amount Paid	Balance
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С					
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Year:				ar:	
Amount Due	Amount Paid	Balance	Amount Due	Amount Paid	Balance
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Total of Adjudicate	ed and Accrued A	rrears \$	as of		
		-		Date	
Date	Name	Title, Agency or Tribu	nal	Signature	·
to and Signed before me Date, County, State	Notar	Public, Tribunal/Ageni Official and Title	oy	Commission Expir	es
al Testimony	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Page 6a	nf 10

GENERAL	TESTIMONY,	PAGE 7
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Initiating IV-D Case No.

GENERAL TEOTHOGRAPH		midating 1V-D Case	
VIII. Obligee's	Public Assist	ance Status [] See	Section X
[If no public assistance was paid, skip	to Section IX.)		
1. Period during which public assistance	e was paid:		
From: / To	n· /	hv:	
From: / / Year To	Last month	year State	
2. Total amount of public assistance pa	id. é	an af	
2. Total amount of public assistance pa	iu. \$	as of	ate
3. Medical assistance related to prenata	l nostnotal or sone	aral avenance voice weights about	
			amount of \$
A	gency or Person		
IX. Fina	ncial Informat	tion [] See Section X	
Information required varies based on res	sponding State's gui	delines. Updates may be requ	ired.
A. Monthly Income from All Sou	rces:		
1. Is the petitioner employed? [] Yes;	occupation:	[] No; income	source:
2. Gross Monthly Income Amounts:	Petitioner	Current Spouse/Partner	Obligor's Dependent(s)
a) Public Assistance			
i) SSI	\$.\$	\$_
ii) Family Assistance	\$	\$	\$
iii) Other	\$	\$	\$
b) Base pay salary, wages	\$	\$	\$
 c) Overtime, commissions, tips, bonuses, parttime 	\$	\$	\$
d) Unemployment compensation	\$	\$.	\$
e) Worker's compensation	\$	\$	\$
f) Social Security Disability	\$	\$	\$
g) Social Security Retirement	\$	\$	\$
h) Dividends and interest	\$	\$	\$
i) Trust/Annuity Income	\$		\$
j) Pensions, retirement	\$		\$
k) Child support	\$	_	\$
I) Spousal support/alimony	\$		\$
m) All other sources	\$		\$
Explain "other sources":			
3. Total Gross Monthly (lines "2a" through "2m")	\$	\$	\$
1. Deductions From Gross			
a) Federal Income Tax	\$	\$	\$
b) State Income Tax	\$	\$	\$
c) Local Tax	\$	\$	\$
d) F.I.C.A.	\$	\$	\$

General Testimony

	<u>Petitioner</u>	Current Spouse/Partner	Obligor's Dependent(s)
5. Adjusted Net Monthly	\$		\$
(lines "3" minus lines "4a through 4d")			
6. Other Deductions			
a) Savings	\$		
b) Loan Repayment	<u>*</u>	\$	\$
c) Mandatory Retirement	-	<u> </u>	\$
	\$		\$
d) Non-mandatory Retirement	\$	<u> </u>	\$
e) Medical Insurance	\$	<u> </u>	\$
f) Union Dues	\$	<u> </u>	\$
g) Other (specify)	\$	<u> </u>	\$
7. Net Monthly Income	\$	\$	
(line 5 minus lines "6a through 6g")	<u> </u>	- *	\$_
8. Gross Income Prior Year	\$	Ś	\$
Attach three many server as a first			•
Attach three most recent paystubs from ea	ich current em	ployer for all parties shown.	
B. Monthly Expenses:		<u>Petitioner</u>	Obligor's Dependent(s)
1) Rent/Mortgage		\$.	\$
2) Homeowners/Renters Insurance	•	\$	<u> </u>
3) Home Maintenance & Repair	• •	\$	\$
4) Heat		\$	\$
5) Electricity/Gas		\$	\$
6) Telephone		\$	\$
7) Water/Sewer		\$	\$
8) Food		\$	\$
9) Laundry/Cleaning 10) Clothing		\$	\$
11) Life Insurance		\$	\$
12) Medical Insurance		\$	\$
13) Uninsured Extraordinary Medical		\$	\$
14) Other Uninsured Health-Related E	lattach docume	entation) \$	\$
15) Auto Payment	xpenses	\$	\$
16) Auto Insurance		\$	\$
17) Auto Expenses		\$	\$
18) Other Transportation			\$
19) Child Care		\$	
Provider:	<u> </u>	·	<u> </u>
Frequency:		_ ,	
20) Support Payments, actual amount	paid	\$	\$
21) Other; Explain:		<u> </u>	\$
			
Total Monthly Expenses (lines 1 through 2	!1}	\$	\$
	•		

General Testimony

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1) Real Estate)	:				
,		Address			'	
		'				
	· · · · · · · · · · · · · · · · · · ·	Owner(s)				
		'				
		Title		· · · · · · · · · · · · · · · · · · ·		
		••				
	Assessed Valu	minus	\$	Mortgage(s)	= \$	_
		• •		- •		
) IRA, Keogh	, Pension, Profit Sharir	ng, Other Retirement	Plans			
	,					
	Institution of Di	an Name and Account No			\$	
	institution of Fi	BILLIABILIA BUO ACCOUNT INO	•			
					 \$	•
	Institution or Pl	an Name and Account No.		· -		
) Tax Deferre	ed Annuity Plan(s)				Ś	
	ice: Present Cash Valu	e			\$	·
) Savings & (Checking Accounts, M	oney Market Account	ts, & CDs		 -	
) Savings & (Checking Accounts, M	oney Market Account	ts, & CDs		\$\$	
) Savings & (Checking Accounts, M	me end Account Number	ts, & CDs	· · · · ·	\$\$	
	Checking Accounts, M Institution Nation Nati		ts, & CDs		 `	
	Checking Accounts, M Institution Nation Nati	me end Account Number	ts, & CDs	· · ·	 `	
) Automobiles	Institution Nation Nati	me and Account Number me and Account Number	minus	\$	 `	
	Checking Accounts, M Institution Nation Nati	me end Account Number	minus	\$	 `	
) Automobiles	Institution Nation Nati	me and Account Number me and Account Number	minus ed Value	Loan Balance	\$\$ = \$	
) Automobiles	Institution Nation Nati	me and Account Number me and Account Number Year \$ Estimate	minus	Loan Balance	 `	
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Make Make Other (e.g.,	Institution Nar Institution Nar S/Vehicles Model Model	Year Estimate Year Estimate Year Estimate	minus d Value minus d Value minus	Loan Balance \$Loan Balance	\$\$ = \$ _= \$ _= \$	

X. Other Pertinent Information (Attach ad	ditional sheets if necessary).
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Copy of the certified child support payment records. Copies of three most recent paystubs from current employer. Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Other:	Altached are the required number of copies of all support orders for the case. Also attached and incorporated by reference are: Copy of the certified child support payment records. Copies of three most recent paystubs from current employer. Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Other: Date Petitioner (Name/Title) Signeture		:	
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Copies of three most recent paystubs from current employer. Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowledgment. Date Petitioner (Name/Title) Signature	Copies of three most recent paystubs from current employer. Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Other: Date Petitioner (Name/Title) Signature Notery Public, Tribunal/Agency Official and Title Commission Expires	so attached and incorporate	d by reference are:	
Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowledger. Date Petitioner (Name/Title) Signature	Copies of bills for prenatal, postnatal and general health care of mother and child. Assignment or subrogation of support rights. "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Other: Date Petitioner (Name/Title) Signature Pate Agency Representative (Name/Title) Signature Notary Public, Tribunal/Agency Commission Expires Official and Title	Copy of the certified child	d support payment records.	
Assignment or subrogation of support rights. The act of the information and facts contained in this General Testimony are true and correct to my/our best knowled belief. Date Petitioner (Name/Title) Signature	Assignment or subrogation of support rights. This Date Reference Notary Public, Tribunal/Agency Officiel and Title Paternity In Support of Establishing Paternity for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Other: Date Petitioner (Name/Title) Signeture Notary Public, Tribunal/Agency Commission Expires Officiel and Title County/State Officiel and Title] Copies of three most rec	ent paystubs from current employer.	•
"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowled belief. Date Petitioner (Name/Title) Signature	"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue. Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other:	Copies of bills for prenata	al, postnatal and general health care of mothe	er and child.
Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowled belief. Date Petitioner (Name/Title) Signature	Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowled belief. Date Petitioner (Name/Title) Signature Date Agency Representative (Name/Title) Signature vorn to and Signed Before me This Date County/State Notary Public, Tribunal/Agency Commission Expires] Assignment or subrogation	on of support rights.	
Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowled belief. Date Petitioner (Name/Title) Signature	Copy of child(ren)'s birth certificate(s). Acknowledgment of parentage. Other: Of the information and facts contained in this General Testimony are true and correct to my/our best knowledge. Date Petitioner (Name/Title) Signature Date Agency Representative (Name/Title) Signature Worn to and Signed Before me This Date County/State Notary Public, Tribunal/Agency Official and Title Commission Expires] "Affidavit in Support of E	stablishing Paternity" for each child whose p	aternity is at issue.
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